

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		535	10-17-01
RESPONSE FORMALITY REVIEW		109/647	3/05/02
Res			04/08/02

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral)... Canceled
÷ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim		Date	
Final	Original		
1	1	✓	10/17/01
2	2	✓	10/17/01
3	3	✓	10/17/01
4	4	✓	10/17/01
5	5	✓	10/17/01
6	6	✓	10/17/01
7	7	✓	10/17/01
8	8	✓	10/17/01
9	9	✓	10/17/01
10	10	✓	10/17/01
11	11	✓	10/17/01
12	12	✓	10/17/01
13	13	✓	10/17/01
14	14	✓	10/17/01
15	15	✓	10/17/01
16	16	✓	10/17/01
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25	25	✓	10/17/01
26	26	✓	10/17/01
27	27	✓	10/17/01
28	28	✓	10/17/01
29	29	✓	10/17/01
30	30	✓	10/17/01
31	31	✓	10/17/01
32	32	✓	10/17/01
33	33	✓	10/17/01
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44	44	✓	10/17/01
45	45	✓	10/17/01
46	46	✓	10/17/01
47	47	✓	10/17/01
48	48	✓	10/17/01
49	49	✓	10/17/01
50	50	✓	10/17/01

Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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If more than 150 claims or 10 actions
staple additional sheet here

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525
03-05-02
886
10/01